

	<h1 style="margin: 0;">ST. JOHN GIRLS' PRIMARY SCHOOL</h1> <p style="margin: 0;">P.O Box 48 Mangochi, Malawi</p>			Passport photo
	<p style="margin: 0;">Mangochi, Malawi 0998 222 222/0881 486 810 www.saintjohnmw.org info@saintjohnmw.org</p>			

2025/26 REGISTRATION FORM

NB: FILL IN THE FORM IN BLOCK LETTERS

REGISTRATION FEE: MK10,000

SECTION 1: PARTICULARS OF STUDENT											
SURNAME:					FIRST NAME(S):						
DATE OF BIRTH (DD/MM/YY):			AGE:		PLACE OF BIRTH:						
COUNTRY OF BIRTH:		DISTRICT OF ORIGIN:			T/A:						
HOME VILLAGE:		PLACE OF RESIDENCE:			DISTRICT:						
DENOMINATION:				NATIONALITY:							
DO YOU HAVE ANY DISABILITY?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, PLEASE SPECIFY:							
PREVIOUS SCHOOLS ATTENDED:		SCHOOL NAME:									
		ADDRESS:									
		SCHOOL NAME:									
		ADDRESS:									
ARE YOU A ROMAN CATHOLIC:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS							
NAME OF CHURCH:					PARISH NAME:						
DIOCESE NAME:		BAPTISM		DATE (DD/MM/YY):							
				PLACE:							
				NUMBER:							
				CONFIRMATION		DATE (DD/MM/YY):					
				PLACE:							
				NUMBER:							
SECTION 2: PARTICULARS OF PARENTS/GUARDIAN											
SURNAME:					FIRST NAME(S):				TITLE		
OCCUPATION:				EMPLOYER:							
POSTAL ADDRESS:					HOME ADDRESS:						
MOBILE NUMBER(S) {TICK WHATSAPP NUMBERS}					EMAIL ADDRESS:						
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	PLACE OF RESIDENCE:							
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DISTRICT:							
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DISTRICT OF ORIGIN:							
RELATIONSHIP TO STUDENT:				NATIONALITY:							

SECTION 3: DECLARATION BY PARENTS/GUARDIAN

1. I apply for the enrollment of standards 5 6 and 7 student at St. John Girls' Primary School;
 2. I agree that she will abide by all the rules and regulations of the school as specified;
 3. I also understand that attendance at all times of learning activities is compulsory;
 4. I accept responsibility for ensuring that fees are paid by before opening school through Bank Account of the School and finish the end of the month each term;
 5. I understand all medical and other information which may be relevant to my ward's development and safety at school should be communicated to the school;
 6. I agree that in my absence, the Headteacher and staff shall be empowered to act on my behalf as a parent/guardian with regard to my ward;
 7. I understand that in the event of medical emergency, every attempt will be made to contact parents/guardian and that where this is impossible the Headteacher or his/her designated substitute will give his/her consent, on my behalf, for the treatment of my child by a medically qualified practitioner;
- I certify that all the information given in this form is correct. I understand that failure to comply with any of the above may lead to suspension or exclusion of my ward.

NAME		SIGNATURE		DATE	
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ADDITIONAL NOTES:

PLEASE BRING THIS REGISTRATION APPLICATION FORM DURING ENTRANCE EXAMINATIONS WITH;

1. Deposit Bank slip of Registration Fee
2. 1 Passport size photo
3. Black Pen, Pencil, Rubber and Ruler
4. A copy of the most recent School Report

Registration Forms

Call the following

Prophecy Kahingwe – 0997 384 515 – Mungochi

Jacob Nembo – 0995 887 803 – Dedza

Arthur Kanyenge – 0888 033 645 – Lilongwe

Lawrence Khaorea – 0999 614 683 – Blantyre

The Registration Form can also be downloaded at www.saintjohnmw.org/downloads

Integral Education for Girls